

Address Change Form

Please check which fund(s) are updating

☐ Dividend Capital Diversified Property Fund ☐ Industri	ial Property Trust I	ndustrial Logistics Realty Trus	st Dividend Capital Indu	ıstrial Liquidating Trust		
CURRENT SUBSCRIBER INFORMATION (Please print	name in which shares a	are registered)				
Investor Name	tor Name			Co-Investor Name		
Investor Social Security / Taxpayer ID #		Co-Investor Social Securi	ity / Taxpayer ID #			
Birth Date / Articles of Incorporation (MM/DD/YY)		Co-Investor Birth Date (N	MM/DD/YY)			
Brokerage Account Number	Home Telephone	E-mail Addres	os s			
OLD ADDRESS(ES)						
Old Residence Address (no P.O. Box)		Old Residence Address (if	different from address at left)			
Street Address		Street Address				
City State	ZIP	City	State	ZIP		
NEW ADDRESS(ES)						
New Residence Address (no P.O. Box)		New Mailing Address (if di	fferent from address at left)			
Street Address		Street Address				
City State	ZIP	City	State	ZIP		
* If the co-investor resides at another address, please attach the	nat address to this form.					
SIGNATURES						
Signature of Investor or Trustee	Date					
Signature of Co-Investor or Trustee (if applicable)	Date					
You may fax this completed form to: 816.374.7420 Or you may mail this completed form to:						
Direct Overnight Mail: Dividend Capital c/o DST Systems Inc. 430 West 7th Street, Suite 219079 Kansas City, MO 64105	P.O. Box: Dividend Capital c/o DST Systems, Inc. P.O. Box 219079 Kansas City, MO 64121-9079					

DCG-RET-ACF-AUG16

Dividend Capital Contact Information: Phone: 866.DCG.REIT (324.7348)